



BLANKET BUILDING PERMIT APPLICATION

NEW RESIDENTIAL USE GROUPS ONLY

PLEASE HAVE YOUR APPLICATION COMPLETED BEFORE TAKING A NUMBER FOR SERVICE

- ☐ **1-, 2-, or 3-FAMILY RESIDENTIAL**
☐ **REVISION TO PERMIT # _____**
- ☐ **4 (OR MORE) FAMILY RESIDENTIAL**
☐ **MISC. (PLEASE SPECIFY) _____**
- ☐ **MULTIPLE PERMIT APPLICATIONS SUBMITTED**
- (Consideration for the assessment of a single \$30.00 Application Verification Fee will only be made to applications submitted for the SAME ADDRESS at the SAME TIME. This fee will be assessed to the first permit request processed.)
- APPLICATION # _____ OF _____**
 (Please indicate the total number of applications being submitted for the SAME ADDRESS at the SAME TIME.
 Ex: Application #1 of 3; Application #2 of 3; etc.)

ADDRESS OF JOB _____ **City** _____ **Zip Code** _____
 Unit/Suite # _____ Bldg #/Lot # _____ **Tax District/Parcel #** _____
 Subdivision/Complex Name _____

PROPERTY OWNER OF RECORD _____ **Telephone** _____ **FAX** _____
 Street Address _____ City/State _____ Zip Code _____

ARCHITECT/ENGINEER _____ **Telephone** _____ **FAX** _____
 Street Address _____ City/State _____ Zip Code _____
 E-mail Address _____

CONTRACTOR _____ **Telephone** _____ **FAX** _____
 Street Address _____ City/State _____ Zip Code _____
 License/Registration # _____ Expiration Date _____ E-Mail _____
 Authorized Signer _____ Print Name _____

TYPE	CONTRACTOR NAME	LICENSE NUMBER	EXP. DATE
ELECTRIC			
PLUMBING			
STEAM & HOT WATER			
HEATING			
REFRIGERATION			
ENVIRONMENTAL COMFORT			
GAS PIPING			
FIRE ALARM COMPANY			
FIRE ALARM INSTALLER			
FIRE SUPPRESSION COMPANY			
FIRE SUPPRESSION INSTALLER			
FIREPLACE & STOVE			
GENERAL			
HIC 1-2-3 FAMILY			



DESCRIBE EXISTING USE OF BUILDING / PROPERTY _____

PROPOSED WORK / USE OF PROPERTY _____

COST OF CONSTRUCTION \$ _____ AREA OF CONSTRUCTION _____ SQ FT

FOUNDATION PERMIT REQUESTED?☐ Yes ☐ No

Request for: _____ Footer _____ Foundation to Grade Only

_____ Foundation with underground utilities included

Check all that apply (Separate permits are required for each)

_____ Electric _____ HVAC-R _____ Plumbing

PHASED CONSTRUCTION?☐ Yes ☐ No☐ Prior CBO approval required/Attached

If Yes, Project # _____

Phase # _____ of _____ total phases

APPLICANT _____ SIGNATURE _____ DATE _____

PLEASE PRINT

RELATIONSHIP TO OWNER ☐ SELF ☐ CONTRACTOR ☐ AGENT

E-MAIL ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

SOFT ACCOUNT / PIN # _____

AUTHORIZED SIGNATURE OF ACCOUNT _____



AFFIDAVIT FOR PERMIT

CAUTION: If you act as your own general contractor, you alone are responsible for compliance with City Codes

Note: P.O. Box address is NOT acceptable on this form

PROPERTY OWNER OF RECORD

Name (please print) _____
 Street Address _____ Telephone # _____
 City/State/Zip _____ FAX # _____
 E-mail Address _____

AGENT FOR OWNER

☐ TENANT ☐ ARCHITECT / ENGINEER
☐ ATTORNEY ☐ PLAN SERVICE FIRM ☐ OTHER (SPECIFY) _____

Name (please print) _____
 Street Address _____ Telephone # _____
 City/State/Zip _____ FAX # _____
 E-mail Address _____

AFFIDAVIT

(please check one) (please check one)
 I am the ☐ owner of this ☐ 1-, 2-, or 3-Family Residential

----- OR -----
☐ owner of this ☐ 4 (or more) Family Residential
☐ agent for owner ☐ Commercial

that is located in the City of Columbus, Ohio at

NUMBER STREET APT. OR UNIT #

- I will not contract with anyone not licensed/registered by the City of Columbus to perform work requiring such license/registration.
- I understand that additional permits may be required for electric, plumbing, refrigeration, heating, fire protection, and occupancy.
- I will require licensed/registered contractors to obtain their own permits when applicable.
- Name and signature below **must match applicant or property owner of record** information on the attached **Building Permit Application** form.
- I confirm that I have full approval and permission to act on behalf of the property owner for the purpose of making permit application and/or performing the work described under the attached permit application as allowed by applicable Columbus City Codes.
- I understand that this affidavit is important and I have told the truth on it and all attached papers.

PRINT NAME

SIGNATURE

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

NOTARY PUBLIC OR BUILDING SERVICES DIVISION OFFICIAL

FALSIFICATION OF A PUBLIC DOCUMENT IS A VIOLATION OF THE OHIO REVISED CODE, SECTION 2921.13(A)(5), A MISDEMEANOR OF THE FIRST DEGREE, PUNISHABLE BY UP TO SIX (6) MONTHS IMPRISONMENT AND A FINE OF \$1,000 OR BOTH.

STAPLE CHECK HERE

**FOR OFFICE USE ONLY:**

COUNTER AND ZONING	Zoning: _____		Height District: _____		Ordinance #: _____	
	Arch. Review District: _____		LDN #: _____		Overlay District: _____	
	Flood Zone: _____		Panel #: _____		Map Date: _____	
	Notes: _____					
	<u>Adequacy Approval:</u>		<u>Signature / Date</u>		<u>Plan Approval:</u>	
Worksheet: _____		Zoning: _____		Plan Exam: _____		
Zoning: _____		Plan Tracking		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan Exam: _____						

[illegible]



PAYMENT	<u>FLAT FEE ONLY</u>				
	Base Fee: _____		(+) Address Fee: \$30.00	TOTAL FEE = _____	
	<u>CALCULATED FEE</u>				
	Base Fee: _____		(X) # of Units _____	= PREPAYMENT _____	
	Square Foot for Fees	Multiplier	Fees for Sq. Ft.	Address Fee(\$30.00 x # UNITS)	BALANCE DUE
_____	X _____	= _____	+ _____	_____	
CASHIER LOG # _____					

Corrections If Needed:

Reasons: _____

Calculations: _____

Revised Balance Due: _____

CORRECTED PAYMENT (IF NECESSARY)	<u>FLAT FEE ONLY</u>				
	Base Fee: _____		(+) Address Fee: \$30.00	TOTAL FEE = _____	
	<u>CALCULATED FEE</u>				
	Base Fee: _____		(X) # of Units _____	= PREPAYMENT _____	
	Square Foot for Fees	Multiplier	Fees for Sq. Ft.	Address Fee(\$30.00 x # UNITS)	BALANCE DUE
_____	X _____	= _____	+ _____	_____	
CASHIER LOG # _____					